
County: Shawano
BIRCH HILL HEALTHCARE CENTER
1475 BIRCH HILL LANE
SHAWANO 54166 SHAWANO 54166 Phone: (715) 526-3161
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 93
Total Licensed Bed Capacity (12/31/00): 93
Number of Residents on 12/31/00: 65 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 70

Services Provided to Non-Residents	· · · · ·	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	27. 7 35. 4
Supp. Home Care-Household Services	No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 18. 5	Under 65 65 - 74	1.5 4.6	More Than 4 Years	36. 9
Respite Care	No Yes	Mental Illness (Other)	3. 1	75 - 84	32. 3		100. 0
Adult Day Care Adult Day Health Care	Yes Yes	Al cohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0. 0 0. 0	85 - 94 95 & 0ver	41. 5 20. 0	Full-Time Equivaler	********* nt
	No No	Cancer Fractures	1. 5 7. 7		100. 0	Nursing Staff per 100 Ro (12/31/00)	
Other Meals	No	Cardi ovascul ar	23. 1	65 & Over	98. 5		44.0
	No No	Cerebrovascul ar Di abetes	15. 4 3. 1	Sex	<u>%</u>	RNS LPNS	14. 2 11. 3
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	1. 5 26. 2	Male	30. 8	Nursing Assistants Aides & Orderlies	48. 0
Mentally Ill	No	ocher medical conditions		Femal e	69. 2	mues a orderires	10. 0
Provi de Day Programming for Developmentally Disabled ************************************	No		100. 0		100. 0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay]	Manage	d Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2	100.0	\$144.00	45	88. 2	\$91. 20	0	0. 0	\$0.00	12	100.0	\$144.00	0	0.0	\$0.00	59	90. 8%
Intermedi ate				6	11.8	\$76.39	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	9. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100. 0		51	100. 0		0	0.0		12	100.0		0	0.0		65	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti d	ons, Services	s, and Activities as o	of 12/31/00
Deaths During Reporting Period					Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	8. 9	Daily Living (ADL)	Independent	One (Or Two Staff	Dependenť	Resi dents
Private Home/With Home Health	2. 7	Bathi ng	1.5		61. 5	36. 9	65
Other Nursing Homes	2. 7	Dressi ng	12. 3		52. 3	35. 4	65
Acute Care Hospitals	85. 7	Transferri ng	23. 1		40. 0	36. 9	65
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 1		41. 5	35. 4	65
Rehabilitation Hospitals	0. 0	Eating	64. 6		20. 0	15. 4	65
Other Locations	0.0	*********	******	*****	*******	*********	*******
Total Number of Admissions	112	Continence		- %	Special Trea		<u>%</u>
Percent Discharges To:		Indwelling Or Externa		3. 1		Respiratory Care	3. 1
Private Home/No Home Health	22. 3	0cc/Freq. Incontinent		63. 1		Tracheostomy Care	0. 0
Private Home/With Home Health	16. 5	Occ/Freq. Incontinent	t of Bowel	29. 2		Suctioning	3. 1
Other Nursing Homes	10. 7					Ostomy Care	1. 5
Acute Care Hospitals	18. 2	Mobility				Tube Feeding	1. 5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	4. 6	Recei vi ng	Mechanically Altered	Di ets 13.8
Rehabilitation Hospitals	0.0				0.1 0.1		
Other Locations	0.0	Skin Care		0 1		ent Characteristics	00.0
Deaths	32. 2	With Pressure Sores		3. 1		ice Directives	93. 8
Total Number of Discharges	101	With Rashes		20. 0	Medications	n 1 n .	00.0
(Including Deaths)	121		****	*****	Kecei vi ng	Psychoactive Drugs	29. 2
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	Ownershi p:			Si ze:		ensure:			
	Thi s	Prop	ori etary	50-	. 99	Ski l	l ed	Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75. 3	80. 4	0. 94	85. 4	0. 88	84. 1	0. 90	84. 5	0.89
Current Residents from In-County	83. 1	74. 2	1. 12	72. 9	1. 14	76. 2	1. 09	77. 5	1.07
Admissions from In-County, Still Residing	12. 5	19. 0	0. 66	21. 3	0. 59	22. 2	0. 56	21. 5	0. 58
Admissions/Average Daily Census	160. 0	135. 3	1. 18	101. 3	1. 58	112. 3	1. 43	124. 3	1. 29
Discharges/Average Daily Census	172. 9	137. 7	1. 26	101. 3	1.71	112. 8	1. 53	126. 1	1. 37
Discharges To Private Residence/Average Daily Census	67. 1	<b>57.</b> 0	1. 18	37. 6	1. 78	44. 1	1. 52	49. 9	1. 35
Residents Receiving Skilled Care	90. 8	89. 4	1. 02	89. 6	1. 01	89. 6	1. 01	83. 3	1.09
Residents Aged 65 and Older	98. 5	95. 9	1. 03	93. 4	1.05	94. 3	1.04	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	<b>78</b> . 5	71.6	1. 10	69. 0	1. 14	70. 1	1. 12	69. 0	1. 14
Private Pay Funded Residents	18. 5	19. 0	0. 97	23. 2	0. 80	21.4	0. 86	22. 6	0. 82
Developmentally Disabled Residents	0. 0	1. 2	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	21. 5	35. 9	0. 60	41.5	0. 52	39. 6	0. 54	33. 3	0. 65
General Medical Service Residents	26. 2	18. 2	1. 43	15. 4	1. 70	17. 0	1. 54	18. 4	1. 42
Impaired ADL (Mean)	<b>53. 8</b>	47. 3	1. 14	47. 7	1. 13	48. 2	1. 12	49. 4	1.09
Psychological Problems	29. 2	<b>45.</b> 0	0. 65	51. 3	0. 57	50.8	0. 58	50. 1	0. 58
Nursing Care Required (Mean)	5. 8	6. 7	0. 86	6. 9	0.83	6. 7	0.86	7. 2	0.81